

Court Examiner's name

**EXAMINER'S REPORT
ON ANNUAL OR FINAL REPORT OF GUARDIAN,
COMMITTEE OR CONSERVATOR*
(MHL § 81.31)**

Name of Incapacitated Person: _____

Name(s) of all reporting Guardian(s)*: _____

Index No.: _____

Name of Judge or Justice Appointing Guardian: _____

Date of Order/Judgment Appointing Guardian: _____

Period of Accounting: January 1 - December 31, 20____
If this a final report, circle "final" above.

Date of filing of Guardian's Annual Report: _____

Is there a Supplemental Needs Trust?

Yes _____ No _____

Reporting Guardian is: _____ Guardian of both Person and Property

_____ Guardian of Person only

_____ Guardian of Property only

If the reporting Guardian is only of the person, is there also a guardian of the property?

Yes _____ No _____

*** As used in this report, the term "guardian" shall also be deemed to refer to committees or conservators appointed prior to April 1, 1993.**

Have you ____ approved or _____ not approved the guardian's report?

If not, why and are you working towards resolution of issue(s)?

I - GENERAL

1. Does the annual report provide all of the information concerning the incapacitated person required by § 81.31 (b) (1) - (5) of the Mental Hygiene Law (MHL)?

Yes ____ No ____

If not, in what respect is the report deficient and are you working towards resolution of issue(s)?

2. Has guardian discharged the duty to visit the incapacitated person at least four times a year as required by MHL § 81.20 (5) (a)?

Yes ____ No ____

If not, please explain.

II - PERSONAL NEEDS

Complete this section only if guardian has been granted powers with respect to personal needs.

1. To the extent that the guardian is charged with providing for personal needs, does the report contain each of the following items required by § 81.31 (b) (6) of the MHL?

a. statement as to whether current residential setting is best suited to the current needs of the incapacitated person? Yes ____ No ____

b. summary of professional medical treatment given to the incapacitated person in preceding year. Yes ____ No ____

- c. plan for medical, dental and mental health treatment, and related services for coming year. Yes ____ No ____
- d. information concerning the social condition of the incapacitated person (see MHL § 81.31 [b] [6] [iv]). Yes ____ No ____

If not, in what respects is the report deficient and are you working towards resolution of issue(s)?

III - PROPERTY MANAGEMENT

Complete this section only if guardian has been granted powers with respect to property management.

1. To the extent the guardian is charged with property management, does the report contain an accounting of the property of the incapacitated person as required by § 81.31 (b) (7) of the MHL?

Yes ____ No ____
2. Provide the following figures from the guardian's accounting:
 - a. Value of estate as of date of last report \$ _____
 - b. Income received \$ _____
 - c. Increase in value and/or additional assets \$ _____
 - d. Disbursements/expenditures paid \$ _____
 - e. Decrease in value and/or additional losses \$ _____
 - f. Closing balance of estate \$ _____ **

**Do not include the value of any Supplemental Needs Trust funds or of any real estate in which the Incapacitated Person resides. Any concerns or explanations regarding the accounting should be set forth here.

3. Is the examiner satisfied that the accounting is accurate and complete and have all items of income and disbursement been satisfactorily verified by bank statements, bills, receipts, cancelled checks and the like?

Yes _____ No _____

If not, in what respects is the report deficient and are you working towards resolution of issue(s)?

IV - TERMINATION OR ALTERATION OF POWERS

1. Does the report contain any facts indicating the need to terminate the guardian's appointment or to alter the guardian's power?

Yes _____ No _____

If yes, please explain:

2. If report indicates any reason for a change in powers authorized by the Court, has guardian made application within 10 days of filing of report as required by MHL § 81.31 (e)?

Yes _____ No _____

If application has not been made, please explain briefly.

COMPENSATION

Compensation shall be awarded pursuant to 22 NYCRR 1015.16 (c)(2).

If you are requesting payment of any disbursements, how much? _____

Please note that on any claim for payment, categories of disbursements must be noted per Judicial District Finance Office protocol.

Date of this Report

(your signature)

(your name and address)
